

Student Name: _____

School: _____

Date: _____

Directions: Use this form to consider the need for assistive technology (AT). If a child requires AT, document AT needs on the IEP

Part I. Identify any area that is keeping the student from accomplishing IEP goals that reflect his/her abilities, or identify any area where the student is already using AT.			Was 1 or more area identified?
<input type="checkbox"/> A. Motor Aspects of Writing <input type="checkbox"/> B. Computer Access <input type="checkbox"/> C. Composing Written Material <input type="checkbox"/> D. Communication <input type="checkbox"/> E. Reading	<input type="checkbox"/> F. Learning/Studying <input type="checkbox"/> G. Math <input type="checkbox"/> H. Recreation <input type="checkbox"/> I. Activities of Daily Living <input type="checkbox"/> J. Mobility	<input type="checkbox"/> K. Environmental Control <input type="checkbox"/> L. Positioning and Seating <input type="checkbox"/> M. Vision <input type="checkbox"/> N. Hearing <input type="checkbox"/> O. Other: _____	<input type="checkbox"/> Yes - Go to Part II. <input type="checkbox"/> No – Consideration is complete.
Part II. A List the area(s) identified in Part I. Specify the task(s) the student is unable to do and the environment(s) where that task takes place.	B. Briefly list or describe any special strategies, accommodations or technology already being used.		C. Is the student able to complete tasks at his/her ability with any special strategies, accommodations or technology already being used?
			<input type="checkbox"/> Yes - Current strategies are adequate. Consideration is complete. <input type="checkbox"/> Yes - The student's current use of AT is adequate. Consideration is complete. Document current use of AT on the IEP. <input type="checkbox"/> No - Go to Part III.
Part III. Select one of the following and proceed as described.			
<input type="checkbox"/> AT is required. The IEP team knows the nature and extent of the AT devices/services needed and will address AT in the student's IEP.			
<input type="checkbox"/> AT may be required. The IEP team determines that additional information is needed and will conduct additional AT *screening or refer for AT assessment by _____ (date). Record this statement on the IEP.			

Comments:

Form completed by:



*AT screening may include additional observations, informal assessment or trials of AT devices and strategies.

Assistive Technology Consideration Checklist (cont.)

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Student Name: _____ School: _____ Date: _____

Directions: Use this additional workspace to identify areas of concern for Part II A and B. Return to Part II C to complete the Assistive Technology Consideration Checklist.

Part II. List the area(s) identified in Part I. Specify the task(s) the student is unable to do. 	Identify the environment(s) where that task takes place. 	Briefly list or describe any special strategies, accommodations or technology already being used. Return to Part II C to complete the checklist.